FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* ROBERTS WILLIAM						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN]								5. Relationship of Reporting (Check all applicable) Director X Officer (give title			g Person(s) to Issuer 10% Owner Other (specif		/ner
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/27/2009								VP Regul Devel & Clin Safety					y
(Street) TARRYTOWN NY 10591					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)												Person		e tricar c	эне терог	ung
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	nefic	ially	Owned				
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securi Benefi		es ally Following	6. Own Form: (D) or I (I) (Inst	Direct of ndirect of tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	tion(s)			(IIISti. 4)
Common Stock 0					04/27/2009				M ⁽¹⁾		15,160	A	\$6	5.5	82,116		D		
Common Stock				04/27/2009					S ⁽¹⁾		15,160	D	D \$12.74 ⁽²⁾ 66,956		,956	956 D			
Common Stock													1,200			I I	by trust for daught		
Common Stock														3,4	492		I 4	By 401(k) Plan	
Common Stock														8,106				by Spouse	
Common Stock															1,200		I		by trust for daught
		٦	Гable II -								osed of,				wned				
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction Date Execution D if any or Exercise (Month/Day/Year)			ed 4. Date, Transacti Code (Ins		ction	5. Number of			Exerci	sable and te	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		unt 8	erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	E C S F Illy C O ((.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	er					
Incentive Stock Option (right to buy)	\$6.5	04/27/2009			M ⁽¹⁾	(1) 15,160		(3)		05/03/2009	Common Stock	15,1	60	(4) 0			D		

Explanation of Responses:

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).
- 2. The reporting person sold 15,160 shares of Company stock on April 27, 2009 at prices ranging from\$12.50 to \$12.97. Upon request by the Commission staff, the Company, or a security holder of the Company, we will provide full information regarding the number of shares sold by the reporting person on April 27, 2009 at each separate price.
- 3. The stock option becomes exercisable in five equal annual installments, commencing one year after the date of grant.
- 4. Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is not applicable in this case.

04/29/2009 /s/**William G. Roberts

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.